Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000274795 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CTPROCOMPLY

Account Number: I20100000053

Phone

: (608)827-5300

Fax Number

: (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kristine@ashargroup.com

LLC REGISTERED AGENT CHANGE ASHAR GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY **EXAMINER**

NOV 2 2 2011

STOTAL P.02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ASHAR GROU	IP, LLC
2. (a) Principal office address of limited liability compar	y: 1800 Pembrook Drive, Suite 240
(Note: MUST BE STREET ADDRESS)	Orlando, Florida 32810
(b) Mailing address of limited liability company:	1800 Pembrook Drive, Suite 240
(Note: MAY BE POST OFFICE BOX)	Orlando, Florida 32810
10/8/2003	L03000038296
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	RUSSEL GOLDBERG 475 MONTGOMERY PLACE
Registered Office Address:	ALTAMONTE SPRINGS FL 32714
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	C T Corporation System
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
PACEL DE LEGITORIA DE RESERVA	Plantation ,FL 33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the l and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (so the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office itical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote rwise provided in the articles of organization
Natel	
Signature of a member or authorized representative of a member	-
Mark Williams, Member	_
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particle of the provisions of the companies of the provisions of the prand I am familiar with and accept the obligations of my particle of the provision of t	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.
Mark Williams, AVP CT Corporation Systemature of Registered Agent	tem TALE
Division of Corporations, P.O. Box 63 FILING FEE: \$ INHS18 (05/08)	